E E	ffective on 12/08/2004.	***************************************		Countries is Vuonne				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FEE TRANSMITTAL				Application Number 10/539,7				
For FY 2009				Filing Date 4/3/2006 First Named Inventor Steffen Pfeiffer				
Applicant claims small entity status. See 37 CFR 1.27				<u> </u>		Listvoyb		
				Art Unit 1796		Bistroyo		
TOTAL AMOUNT OF PAYMENT (\$) 810.00				orney Docket	4385 - 03	51182		
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
Small Entity Small Entity Small Entity								
Application Type	Fee (\$) Fee (* *************************************	<u>Fee (\$)</u>	Fee (\$)	Fees P	<u>'aid (\$)</u>	
Utility	330 82	540	270	220	110			
Design	220 110	100	50	140	70	***************************************		
Plant	220 110	330	165	170	85			
Reissue	330 165	5 540	270	650	325			
Provisional	220 110	0	0	0	0			
							Small Entity	
Fee Description Fee (\$)							<u>Fee (\$)</u>	
Each claim over 20 (including Reissues) 52							26	
Each independent claim over 3 (including Reissues)						220	110 195	
Multiple dependent cla <u>Total Claims</u> - 2		tua Claima	Fac (E)	Foo Doid (f)		390 Multiple D	ependent Claims	
<u>i otai Ciaims</u> - 2	= EXI	<u>tra Claims</u> x	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.								
<u>Indep. Claims </u>	B or HP Ext	tra Claims	Fee (\$)	Fee Paid (\$)				
IID - Minkey	independent deine ver		7					
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under								
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 = (round up to a whole number) x =							-	
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Request for Continued Examination Fee (RCE)							\$810.00	
SUBMITTED BY								
Signature	l a			Registration No. (Attorney/Agent) 35,972		Telephone 412-471-8815		
Name (Print/Type)	ne (Print/Type) Ann M. Cannoni						Date December 12, 2008	